



# Corrections & Mental Health

## An Update of the National Institute of Corrections

### Women and Trauma: Recommendations from a Federal Intergovernmental Partnership on Mental Health Transformation

By Federal Partners Committee on Women and Trauma

#### Abstract

*This article, excerpted from a recent Substance Abuse and Mental Health Services Administration (SAMHSA) report, describes the origins and recommendations of a federal multiagency effort to raise awareness regarding the rising numbers of women with personal histories of violence and trauma who are seeking services from public mental health and substance abuse programs.*

**Keywords:** Co-occurring disorder, federal agencies, trauma, women

*Trauma occurs when an external threat overwhelms a person's coping resources. According to the diagnostic manual used by mental health providers (DSM IV-TR) trauma involves "direct personal experience of an event that involved actual or threatened death or serious injury or other threat to one's physical integrity; or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm or threat of death or injury experienced by a family member or other close associate."*

*To meet the DSM definition, trauma must also involve "intense fear, helplessness, or horror," or in children "disorganized or agitated behavior." Trauma can result from a wide variety of events, including experiencing or witnessing violent crime, accidents, abandonment (especially for small children), physical or sexual abuse or neglect, cultural dislocation, terrorism, wars, historical violence, institutional trauma, and natural disasters.*

*Being aware of the pervasive impact of trauma is the first step towards becoming "trauma informed" - integrating knowledge about trauma and recovery into all aspects of organizational culture, including physical environment, policies and procedures and staff attitudes and behaviors. People speak about*

*trauma-informed care, practices, services and systems because it is imperative that this awareness be integrated into organizational culture and settings as well as informing individual practice.*

## **The Need for a “Women and Trauma Committee”**

In the early 1990s, the Substance Abuse and Mental Health Services Administration (SAMHSA) began a series of initiatives to raise awareness regarding the increasing numbers of women seeking services from public mental health and substance abuse programs who had experienced personal histories of violence and trauma, frequently beginning in childhood. Initially, attention focused on the pervasiveness of the problem, with experiences of violence leading to traumatic stress in more than 80 to 90 percent of women seeking services. Troubling manifestations of traumatic stress included physical health consequences and precipitous spiritual questioning as well as commonly labeled psychiatric and substance use disorders. For women survivors, addressing the full range of impacts of trauma often required involvement of the entire spectrum of public health services in ongoing trauma resolution and recovery efforts, typically involving the need for supported “safe” housing, supported education and employment assistance, family welfare supports, and possible contact with criminal justice and/or victim assistance programs. Due to the spiraling number of people impacted and the wide range of consequences, trauma is now believed to be a “public health crisis.”

Existing providers lacked the capacity to effectively assist women with histories of abuse and trauma. A number of troubling service delivery breakdowns were identified, including widespread lack of screening or assessment for trauma; lack of training in clinical and community-based trauma treatment; and misdiagnosis, under-diagnosis or failure to diagnose trauma as the issue underlying a wide range of problems. Compounding problems further, providers typically offered only the standard regimen of services-as-usual for these women, which often led to a revolving door of treatment and discharge. Even when correctly diagnosed, trauma was typically viewed as one episode or event in the lives of these women, rather than an ongoing series of violent events woven throughout the life cycle. Little or no attention was paid to the inter-generational cycle of trauma that kept recurring within trauma-impacted families.

To address the lack of capacity to effectively serve women who had experienced trauma, SAMHSA sponsored a five-year “Women and Violence” Study (1998-2003) to develop and evaluate new trauma service paradigms. This research study demonstrated that trauma requires a central focus in treatment and needs to be integrated into the provision of related public health and social services. This approach, called “trauma-integrated counseling,” has demonstrated efficacy and practicality. New gender-specific group psychosocial empowerment and education counseling models introduced in the “Women and Violence” study are now evidence-based interventions that have been widely applied with significant impact on the recovery of women trauma survivors.

In 2004 SAMHSA's National Center for Trauma-Informed Care (NCTIC) was funded to provide technical assistance to public health programs interested in adopting a "trauma-informed" organizational and services delivery paradigm that focuses on trauma as the key issue to be addressed in facilitating recovery. Currently, more than 45 State Mental Health Authorities are in the process of implementing trauma-informed systems and services, and trauma-informed care is spreading rapidly to all segments of the public health system. The Women and Trauma Committee will be instrumental in leading and supporting these new movements.

### **Operational Development of the "Women and Trauma Committee"**

The Women and Trauma Federal Partners Committee was launched on April 1, 2009. The Committee first developed as a work group within the Federal Partnership on Mental Health Transformation. SAMHSA established this partnership when asked to implement a Presidential Order calling for aggressive actions to develop policy and practice in many priority areas, including suicide prevention, employment, women, youth in transition from school to work, to name just a few. SAMHSA's Center for Mental Health Services was the agency that initiated and coordinated this task. The Women and Trauma Federal Partners Committee consists of representatives from more than 20 federal agencies and sub-agencies from the Departments of Defense, Education, Health and Human Services, Housing and Urban Development, Justice, Labor, Veterans Affairs, and others. The Committee meets regularly, and continues to seek additional Federal Partner agencies that can provide support, collaboration, and resources on trauma-informed care.

#### *Roundtable on Women and Trauma*

On April 29, 2010, the Committee held a Roundtable on Women and Trauma. The goal of the Roundtable was to initiate a dialogue on the behavioral impacts of trauma affecting women and girls, identify gaps in addressing these impacts, and develop recommendations for an agenda for comprehensive systems change, integration, and collaboration. Approximately 80 participants from federal, state, and nonprofit organizations attended, including two White House staffers—Jennifer Kaplan, Deputy Director of the White House Council on Women and Girls, and Lynn Rosenthal, White House Advisor on Violence against Women.

On October 22, 2010, the Committee held a strategic planning retreat to advance the Roundtable's agenda by moving from a focus on providing a common knowledge base among the Federal Partners and collaborators regarding the prevalence of trauma in the lives of women and girls and its behavioral impacts to the development and implementation of an action agenda to address these issues.

The objectives of the planning retreat were to:

- Provide a comprehensive overview of how information from the Roundtable has been used to stimulate a variety of activities among participants;
- Develop specific recommendations for integrating trauma-informed care into prevention, intervention, and treatment activities within each partner agency through education and information dissemination;
- Discuss and begin formulating a strategy to strengthen support for trauma informed care among Federal Partner agencies, and to interest new agencies in participating; and
- Determine whether the Committee can jointly support specific projects and initiatives across agencies, including the development of policy recommendations.

From the discussions at the retreat, the Committee developed a set of priorities that are being integrated into an action agenda to address the impact of trauma on the lives of women and girls at the federal agency and Administration levels. The ultimate goal of the Committee's work is to galvanize the Federal Partners into action in their spheres of influence to address this crucial issue that affects the lives of so many.

## Getting Into Action

At the Federal Partners "Roundtable on Women and Trauma" held on April 29, 2010, more than 80 participants came together to discuss the issues and make recommendations for action. Participants represented a broad range of federal and state agencies, advocacy organizations, academic and research institutions, and individuals with direct experience with trauma. In the morning, plenary panel sessions provided basic information about the impact of trauma and violence against women across federal agencies. In the afternoon, a facilitated small group process led to a comprehensive list of recommendations for action in four broad areas: a national action plan; federal policy; practice; and incorporating the perspective of women and girls who have directly experienced trauma.

Evaluation data showed that participants were informed, inspired, and moved to action. One hundred percent of respondents agreed (74 – 89 percent agreed *strongly*) that the meeting had satisfied their expectations, improved their awareness and knowledge base, illustrated the importance of multi-systems approaches, and created a platform for partnership. Ninety-four percent were already considering new approaches to their work as a result of the meeting.

Change began immediately. A collective momentum emerged from the meeting, and many agencies and individuals moved forward to implement suggested changes. Within a month, a national behavioral health organization had launched a training program on trauma and trauma-informed care for more than 200,000 clinical service providers, at least one state

had plans to replicate the roundtable, and several federal agencies were working to add requirements for trauma-informed practice into all of their RFPs.

On October 22, 2010, the Federal Partners Committee convened a follow-up strategic planning retreat to:

- review actions taken as a result of the roundtable;
- prioritize specific recommendations for integrating trauma-informed care into prevention, intervention and treatment activities within each partner agency;
- formulate a strategy for further raising awareness about trauma-informed care; and
- select specific projects/initiatives that the Committee could jointly support.

Every agency had followed up with concrete actions designed to implement trauma-informed principles and practices. While some actions had begun prior to the Roundtable and reflected a longstanding commitment to the issue, others were a direct result of the Roundtable and subsequent interagency discussions. The majority of initiatives were in the area of training and technical assistance. Examples included the development of informational materials and curricula; webinars; prevention toolkits; workforce training programs; university-based training; and conference presentations and workshops. One webinar series on “The Impact of Trauma on Women and Girls across the Lifespan,” sponsored by DHHS/SAMHSA, was immediately oversubscribed. Other actions reflected new policies, changes in grant programs, and new research directions. Examples included participation in international and global forums; re-examination of policies on workplace violence, bullying and health education; agency resource mapping; development of new state coalitions; and the development of technical guidance memos.

## **New Partners and Next Steps**

Since the Roundtable, representatives from several additional federal agencies and offices have joined the effort, including the Department of Housing and Urban Development, the Department of Education’s Rehabilitation Services Administration, the White House Office on Drug Control Policy, and the Peace Corps. These agencies have already become key players, bringing new issues and insights to the table.

The Department of Housing and Urban Development (HUD) brings to the Committee a focus on reducing the risk of homelessness and general housing instability. Victims of domestic violence are often isolated from support networks and financial resources by their abusers. As a result, they may lack steady income, employment, credit history, or landlord references, making affordable housing options difficult to find. They have both short- and long-term housing needs that must be met so that victims do not need to choose between life with their abusers and life on the streets. Homeless shelters, especially domestic

violence shelters, play a key role in providing a safe place to stay when leaving their abuser. The McKinney-Vento Act defines any individual or family fleeing or attempting to flee domestic violence, sexual assault, stalking, or other life-threatening conditions that have no other residence and lack the resources to obtain other permanent housing as homeless. In the long term, domestic violence victims need options that let them transition into safe, stable and affordable housing, along with social services that can help them start a new life without their abuser.

Victims of domestic violence are eligible to receive assistance through a variety of HUD programs, including:

- Emergency Shelter Grants Program;
- Homelessness Prevention and Rapid Re-housing Program;
- Supportive Housing Program;
- Community Development Block Grant Program;
- HOME Program; and
- Public and Indian housing programs, including Public Housing and the Section 8 Housing Choice Voucher programs.

HUD will continue to work with HHS, VA, DOL and all agencies represented on the Federal Partners Committee to confront the needs of women experiencing violence and trauma, to make preventing and ending homelessness a top priority among the Committee agencies, to highlight the importance of affordable housing, and to work with Public Housing Authorities (PHAs) to ensure that the Violence Against Women Act (VAWA) of 2005 is being implemented effectively. In 2010, HUD issued the Final Rule implementing VAWA, which ensures that victims of domestic violence, dating violence, or stalking are not evicted, terminated from assistance, or denied assistance in HUD's Public Housing and Section 8 programs as a result of the abuse committed against them, in addition to other protections. HUD will issue further guidance to PHAs to assist them in implementing the VAWA Final Rule. Not only will this guidance instruct PHAs on how to effectively implement VAWA, it will provide recommendations on efforts to better inform and protect victims beyond the requirements of VAWA. Further, HUD is actively developing a VAWA Fact Sheet to inform victims of their rights under VAWA. HUD will also recommend new changes to VAWA that will help us to better serve and protect women experiencing violence.

HUD recently issued guidance making it clear that residents who are denied or evicted from housing as a result of domestic violence may have basis to file a discrimination complaint with HUD under the federal Fair Housing Act. HUD's guidance states that while the Violence Against Women Act (VAWA) provides some protections to victims of abuse who experience housing discrimination, the Fair Housing Act provides authority for HUD to investigate whether the denial or eviction violates the Act based on gender or another

federally-protected basis. The Office of National Drug Control Policy (ONDCP) has also become actively involved in the Federal Partners Committee. For many women, substance abuse is connected with traumatic experiences. Victims of trauma often self-medicate with alcohol or other drugs, rather than seeking proper medical attention. Furthermore, women who experience trauma are more likely to experience mental health problems, which are also predictors of substance abuse.

To ensure that women who have experienced trauma have access to adequate services, ONDCP is focused on expanding access to gender-responsive treatment and recovery services. ONCDP recognizes that many women who have been victims of trauma, particularly sexual violence, can feel inhibited from sharing their experiences in group therapy sessions with men, or may be re-traumatized in such intimate settings. By supporting an increase in the availability of services for women, ONCDP intends to support recovery from substance abuse disorders.

Given the significant correlation between lifetime history of drug and alcohol-facilitated rape, posttraumatic stress disorder, and nonmedical use of prescription drugs, medical professionals working with these populations should be aware of the importance of screening for drug abuse to avoid further health and safety issues. Treatment providers should also be aware of this connection and seek to address the underlying traumatic experiences that have led their patients to abuse substances. ONCDP currently conducts outreach efforts to providers on a number of substance abuse issues and will use this avenue to encourage the use of trauma-informed practices that promote healing.

The Peace Corps is currently developing a “Sexual Assault Prevention and Response” program to address the problem of rape and sexual assault on volunteers. This program, which is being developed by the Office of Safety and Security in partnership with DOJ, DOD and others, will include both training and risk reduction and response strategies, and will incorporate principles of trauma-informed care. With 7500 volunteers in 77 countries, the Peace Corps works in cultural settings where gender roles and expectations vary widely, and collaborates with local law enforcement and legal structures to prosecute crimes. Their international focus will bring an important perspective to the workgroup.

Over the course of the next year, the Federal Partners Committee will continue to meet monthly as a multi-agency workgroup, exchanging information about relevant activities, sharing resources, and planning interagency initiatives. Three overall priorities have been identified for 2011:

- Broad dissemination of information about the impact of trauma across federal and state agencies and stakeholder groups, and involvement of new partners in the effort. While the Federal Partners Committee has been an exceptional multi-agency

effort, some areas of vital importance have not yet been fully explored. Bringing additional partners to the table will expand the scope and impact of the effort.

- Development and dissemination of topical informational materials on high priority issues, particularly materials that will be useful across agencies, address the concerns of community-based, frontline organizations, and help to integrate knowledge about trauma into the bureaucracy
- Health care reform. The consequences of violence and trauma for the health of both individuals and populations are clear. An exploration of opportunities to apply this knowledge to health care delivery and preventive services is now needed.

Sub-committees have also been formed to examine specific issues in depth and to continue the process of cross-agency sharing and education. Sub-committees include:

- trauma-informed care for front-line community providers;
- screening and assessment;
- integration of the first person experience;
- cross-cultural and diversity issues;
- the workplace and trauma-informed care; and
- military women and trauma-informed care.

A second roundtable being planned for December 2011 will highlight the work of the sub-committees and will focus on effective strategies for prevention and intervention, moving from identifying the problem to discussing effective approaches to implementing trauma-informed approaches across the service spectrum.

## Recommendations

During the Roundtable, participants took part in multiple breakout sessions during which they were asked to discuss the following questions:

- From your perspective, what are the policy and practice implications of the information shared during the panel presentation?
- How can we increase awareness and public education, increase outreach and engagement with trauma-affected women and girls, and enhance implementation of trauma-informed care and related supports and services?
- How can Federal partners and community stakeholders ensure that the voices of women and girls are incorporated into all aspects of the action agenda?

The responses to these questions reflect recommendations from the stakeholders participating in the Roundtable as possibilities for next steps to be explored. Their inclusion



in this Report does not reflect any judgment as to their feasibility, nor do they reflect the endorsement of the Federal Partners Committee or the official views of the federal agencies or other entities that participated in the Roundtable.

## **A National Action Plan**

### **Political leadership**

- Presidential level effort – like *President's New Freedom Commission* but on trauma
- Massive public outreach, similar to *An Inconvenient Truth*
- Involve federal, state and local partners, advocates, and all branches of government
- Unified message across all agencies using shared values and language
- Work to make the issue of women and trauma a national priority

### **Role of Federal Partners Workgroup**

- Use recommendations from the Roundtable to develop priorities and a plan for action
- Reconvene group, form sub-committees, and host roundtables at national and local levels
- Identify and create strategies to counter resistances and sources of misinformation
- Encourage and reward activity at local level (e.g., local legislators, educators)
- Develop website and annual report of progress
- Cross-walk the Adverse Childhood Experiences study with all agencies

### **Strategies and approaches**

- Use the Adverse Childhood Experiences study and its implications for both prevention and trauma-informed care to inform a national action plan. Include short-, medium-, and long-term goals and strategies;
- Include a major public education effort, which frames violence as a public health crisis: widespread dissemination of ACE study findings; continuum of violence; focus on safety and wellness of children; and celebration of resilient adults who have broken the cycle of violence;
- Use the media, the arts, celebrities, messaging in TV soaps, and novellas to promote awareness about the issue of women and trauma;
- Branding of the message, through public relations aids like t-shirts, events, and contests;

- Examine which effective programs are currently being funded and which are not;
- Develop a public health campaign similar to campaigns for seat belt use and to stop smoking, including social media, technology, financial incentives and disincentives, and legal reform; and
- Connect with other networks, including disability rights, the National Child Traumatic Stress Network, and Employee Assistance Programs.

### **Local community involvement**

- Use grassroots simultaneously with national approaches
- Have target audiences (such as cultural groups, and youth) participate in designing and disseminating the message in a meaningful way
- Provide training for local faith communities to engage them as part of the effort to increase awareness about the issue of women and trauma; include a range of faith traditions (e.g., Native American spirituality)
- Use Mothers Against Drunk Driving model of involving the entire community in promoting awareness about the issue of women and trauma
- Sponsor dialogues in promoting awareness about the issue of women and trauma in communities across the country involving peers and local leaders

## **Federal Policy**

### **Legislation and policy**

- Identify barriers to trauma-informed care related to federal housing, re-entry and family reunification (e.g, women barred from federal housing due to felony conviction)
- Review the Department of Health and Human Services' *Action Agenda to Improve the Health of Women and Girls* developed by the Office on Women's Health
- Review the Department of Health and Human Services' *Healthy People: 2020*
- Review policies and legislation regarding access to services for undocumented immigrants and refugee communities
- Review policies on reasonable accommodations for disabled veterans returning to school
- Develop trauma-informed accountability measures for federal agencies
- Encourage federal grant-making and contracting bodies to identify priority areas critical to trauma-informed care, require community collaboration and consumer participation, and incorporate language and principles of trauma-informed care in federal grant-making and contracting

- Review federal policies and guidance to ensure the rights of victims of domestic violence and child abuse when the perpetrator is a family member
- Support VAWA's amendment to include trauma-informed services
- Create a “czar” position on the rights of women and children
- Issue an annual report on violence against women and girls in the United States
- Change Medicaid rules to better support trauma-informed care
- Review policies that protect people in the workplace
- Review educational policies such as “zero tolerance” for consistency with trauma-informed care; identify support for school districts and communities that helps children handle violence better

### **Program interventions and approaches**

- Invest in prevention programs; focus on communities not just high-risk individuals
- Fund services for couples/marital therapy for returning vets
- Fund gender-specific services
- Fund multi-site, multi-issue collaborative approaches
- Fund peer and family support and peer specialist services
- Fund pilot projects on a state level for prevention of violence against women coupled with trauma-informed care
- Ensure focus on the LGBT community, with a focus on women and girls
- Prioritize screening and diversion of juvenile offenders and cross-agency support
- Encourage support for programs that educate and heal perpetrators of trauma

### **Training and human resource development**

- Encourage trauma-informed care across all professional training programs and in accreditation, licensure and credentialing standards (*e.g.*, education, mental health, DOC, healthcare, etc)
- Examine ways to help federal agency leaders and staff to incorporate the Adverse Childhood Experiences study and trauma-informed care in mandated training and performance plans
- Encourage support for gender-specific trauma training for mental health providers
- Develop a trauma-informed disaster response curriculum that includes peer involvement, gender issues, and how to avoid re-traumatization
- Develop a clearinghouse to gather and disseminate research, best practices, practice models, speakers, etc. Develop technical assistance partnerships.

- Develop a curriculum for all medical personnel related to trauma-informed care and cultural sensitivity as a condition for medical licensure.
- Identify ways to educate all levels of the court system and judicial personnel about trauma and trauma-informed care.
- Identify ways to use mandated federal training on diversity and discrimination as doorways into trauma-informed care
- Use webinars and in-service training

## **Research**

- Invest in services research to test and evaluate promising practices in trauma-informed care, including peer support and peer mentoring, culture-specific approaches, and trauma-informed care in rural and isolated areas
- Enlist the Centers for Disease Control in doing research to establish an evidence base for trauma-informed care
- Develop a transparent research agenda informed by trauma survivors and practitioners
- Agree on common outcome measures
- Identify quasi-experimental and qualitative research respecting complexities of trauma-informed care
- Ensure research agenda reflects the diversity of our communities. Test and evaluate models that begin in the community
- Conduct a cost/benefit analysis of prevention, addressing trauma and holistic healing in comparison to current disease-based treatment models; also conduct a cost/benefit analysis of prevention and early intervention in comparison to long-term incarceration and institutionalization. Include cost to workplace in analysis.
- Encourage research and scholarship on why we are such a violent society, how it relates to our history, and social mechanisms that perpetuate violence
- Encourage research and scholarship on historical and intergenerational trauma

## **Involvement and collaboration of federal partners**

- Identify mechanisms for sharing funding between agencies more flexibly
- Encourage collaboration across agencies regarding re-entry from jails and prisons
- Identify ways to ensure that faith communities and representatives of other community-level groups are part of the discussion
- Use this Federal Partners Committee to begin development of cross-agency curricula, policies, protocols, and service models
- Develop guiding principles for trauma-informed care across all federal agencies

- Identify ways to strengthen the involvement of the Department of Justice in promoting awareness about the issue of women and trauma
- Invite and encourage involvement from the following federal partners: US-Mexico Border Health Commission (Department of Health and Human Services, Office of the Secretary, Office of Global Affairs); Office of Adolescent Health (Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science); Office of Refugee Resettlement; US Immigration and Customs Enforcement (Detention and Remand Operations); and US Custom and Border Protection (Department of Homeland Security), US Border Patrol.

## **Practice**

### **Organizational change strategies**

- Identify effective approaches to organizational development in implementing trauma-informed care
- Collect examples of workplaces that have successfully incorporated trauma-informed care
- Make the business case for great investment in trauma-informed care, how it will save money and improve effectiveness, and what it will take to make it work
- Move from focus on changing client behavior to developing healing environments

### **Practice guidelines and standards**

- Develop and implement guidelines for trauma-informed practice in different professions and different settings
- Promote operational principles of “do no harm” and “ask what happened rather than what’s wrong” for different settings
- Collect examples of professionals who do their work from a trauma-informed perspective (eg, a police officer who tells someone why they are patting them down, dentists changing their practice, etc)
- Institute universal precautions across all settings
- Replace punitive approaches to risky behaviors with trauma-based approaches
- Focus on trauma assessment – who, how, when, and where?
- Incorporate relational principles into practice guidelines
- Take existing guidelines for trauma-informed care and standardize, or adapt for different settings

### **New partnerships, programs and collaborations**

- Shift focus to prevention and early intervention across all agencies
- Reach out to recreational centers, sport organizations, faith communities, holistic health workers, and other community settings where trauma-informed care is needed
- Encourage agencies to work together at the community level to replicate the roundtable and begin discussion about trauma-informed care
- Focus on social interventions as well as individual treatment
- Work to ensure access for underserved populations

### **Staff training and human resource development**

- Work to ensure that all front line staff are trained in trauma and are engaged in trauma-informed practice
- Encourage reflective practice and supervision on trauma-informed care
- Acknowledge staff trauma and support staff healing

## **Incorporating the Perspective of Women and Girls**

### **Increasing voice**

- Identify trauma survivors in all services and settings who can share their experiences (beyond Center for Mental Health Services and Substance Abuse and Mental Health Services Administration)
- Educate other systems about the resilience of survivors and the importance of including their voice
- Encourage all federal agencies to engage in a listening process bringing survivors and providers to the same table
- Explore the process of how people change from the perspective of people going through trauma; address issues of vicarious trauma and burnout for peers

### **Creating functional roles for people with lived experience**

- Create organizational roles for peers to review policies, curricula, training programs, and to shape awareness messages
- Provide a safe way for providers to acknowledge their own status as survivors of trauma and violence
- Use peers in all stages of product development rather than only having them test or review something already developed

### **Involving new and different survivors and peer groups**

- Recognize that every experience is different and therefore many voices must be heard
- Identify organized groups of women and girls with lived experience of trauma and bring them into the discussion
- Bring in leaders from refugee, immigrant, LGBT communities and communities of color and other groups who may not be well represented in mainstream or organized groups

### **Beyond stories to structural change**

- Ensure that personal stories lead to program and policy changes
- Pay people for telling their stories and for sharing their experiential wisdom
- Set goal of “tipping point” for peer involvement to become norm; avoid tokenism
- Hold agencies and organizations accountable for ensuring peer involvement
- Explore how concepts of trauma-informed care are defined differently by different groups (eg, “safety” looks different to staff and patients in a state hospital)
- Explore how power plays out in organizations, and how truly democratic structures and relationships provide safety
- Eliminate the negative consequences of asking for help
- Maintain emphasis on gendered violence while also expanding focus to men and boys

*A full copy of this report is available at <http://static.nicic.gov/Library/025082.pdf>.*